SAMPLE HEALTH CAREERS COOPERATIVE EDUCATION

Monthly Calendar

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NAMI		MONTH/YEAR_

DATE	IN	OUT	TOTAL HOURS	WORK LOCATION
1				
2				
3				
4				
5				
6				
7				
8				
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10				
11				
12				
13				
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29		
30		
31		

USE LETTERS TO IDENTIFY THE FOLLOWING: Days Worked______ Total Sick Days_____ S = Sick Leave Class Days_____ CT = Class Time School Functions____ SF = School Function I verify the above hours to be accurate: Student Signature_____ Supervisor Signature